Si-	PLACE OF DEATH	STATE OF MARYLAND
EX.	County Charles	CERTIFICATE OF DEATH
r i		Registration Dist. No. 102
¥ie ≺	Garage la	
ES :	Village or City / 10000000 / (No.	St.: Ward) (If death occurred in a hospital or institu-
KA Cla ate	Will: B	tion, give its NAME is stead of street and
E P	2FULL NAME // MUCHANIC / CO	number.)
ated open	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 2 2	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
og x	Lack Slack OR DIVORCED	£60 · 0 , 190
uid nay ba	(Write the word)	(Month) (Day) (Year)
0 1 0	6 DATE OF BIRTH	10 1 - 28 1931 . Dec 6 1931
Dat E	1861	Dep. 4 .31
ed. ACE	(Month) (Day) (Year)	that I last saw halive on Abel 1926,
So .	7 AGE	
ied 18	6 9yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows
ppl ern	8 OCCUPATION 0	
su n t	(a) Trade, profession or particular kind of work	
Ily tai	(b) General nature of industry	
n p	business, or establishment in Road work	(Duration) yts, mos. de,
Care r H i		Contributory
ATI	9 BIRTHPLACE (State or country) Charles Co. And	Secondary
Z E S	I 10 NAME OF	(Less Colored Description) Trosds.
Luic Ver	FATHER VIN VINOUN	(Signed) M.D.
is Co	o II BIRTHPLACE	(Address) / 100444
SSS	C (State or country)	*State the I is ase Causing Death, or, on deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TOAU	W 12 MAIDEN NAME /	
A Y	of MOTHER house / pleasure	18 LENGTH OF RESIDENCE (For Haspitals, Institutions, Trans- ients & Recent Residents)
stat	13 BIRTHPLACE Of COLOR OF MOTHER	At place In the
_	(State or Country) Marile 9, 4114	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
of G	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	March Q. Blace	Former or usus! residence
S sho	(Informant)	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
>20	(Address) Simerolle, Lud	well lope off, Duc 11:31
Every CIAN state	1 44 6 11/1 2	20 VNDERTAKER ADDRESS
1	FileNec & 1920 Vola Ushony soc	Vas I Times MARRAMAN
-	Joe al Megistral	16/W Santage St. Rolto Madurating V. S. No. 1.
-	If more blanks are needed, address thate Registra	r, 16/W. Saratoga St., Balto., Requesting V. S. No. 1.

14500

(Approved by U. S. Census and American Public Health Association.)

er, etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womtired .6 yrs). state occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servani, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every report specifically the occupations of persons en-Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery;
 eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of Locomotive engincer,

spinal meningitis"; Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EAST CAUSING DEATH (the primary affection wit Statement of Cause of Death-Name, first, the DISpneumoniu, Bronchopneumonia ("Pneumonia, hrespect

> diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underatic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menctanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway train-(secondary American Medical Association.) Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) Chronic valvular heart disease; and consequences (e g., sepsis, etc. affection need not be The contributory Measles,

inswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all qu stions

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WRITE PL

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No.

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(Address)

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	PLACE	OF DEATH		
	County 6	harles	**************************************	
Vi	llage or City <sup>2</sup> FUI	L NAME Str	(No	n
	PERSON	IAL AND STATIST	ICAL PARTICU	LARS
	nali	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	Sin
6 1	DATE OF BIR	Mec (Month)	20 (Day)	, 193/ (Year)
7 /	AGE			If LESS than I day hrs.
0 0		yrs.	mosds.	or min.?
O P () b	usiness, or es	ofession or d of work	dsds.	ormin.?
O P ( b	a) Trade, proparticular kind b) General na business, or es which employed	ofession or d of work  stature of industry stablishment in od or (employer)  mtry)	de.	or min.?
) (d dd dd dd ed e	a) Trade, proparticular kind b) General natusiness, or est which employed BIRTHPLACE (State or cou	ofession or do for work sture of industry stablishment in ed or (employer) stables for the stables of the stabl	Bond	
O P () b	a) Trade, proparticular kinds b) General navisiness, or es which employe BIRTHPLACE (State or could 10 NAME OF FATHER	ofession or dof work sture of industry stablishment in od or (employer)	Bond Lo	

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 10

St.: Ward)  Boul  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Duc - 20-, 1981
(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decessed from
that I last saw halive on, 192,
and thet deeth occurred on the dete stated above, at
Still Bron
Contributory Secondery
(Signed) Char Roby A. R. M.D.
*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted, if not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sec 20, 1931
Thom Bandlact Faulkner

Registrar

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physiciun, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of...... (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County	CV Laver	~~	6.3 % 8 mm mm mg	
illage or (	City Isa	m	(No	****
2]	FULL NAME	Elil	p ho	2-1
PERS	ONAL AND ST	ATISTICA	L PARTICI	JLARS
m.	4 COLOR OF		MARRIED, WIDOWED, OR DIVORCED Write the word	3)
DATE OF	BIRTH			
	***************************************	(Month)	- 29 - (Day)	_, 153/ (Year)
AGE				If LESS than
(a) Trade, particular	profession or kind of work		3d	or min.?
(a) Trade, particular (b) Genera business, o	ON profession or	otry	dd	
(a) Trade, particular (b) Genera business, o which emp	on profession or kind of work nature of indus r establishment in loyed or (employe	otry	sda	
particular (b) Genera business, o which emp	profession or kind of work	otry	4de	
(a) Trade, particular (b) Genera business, o which emp	profession or kind of work	otry	1. de	
(a) Trade, particular (b) Genera business, o which emp	profession or kind of work	otry	ton La Bran	
(a) Trade, particular (b) General business, o which emp BIRTHPLA (State or I BIRTHPLA (State or I BIRTHPLA (State or I BIRTHPOF FACTOR (State or I BIRTHPOF MC (STATE OR I BIR	profession or kind of work	otry	de de la companya de	
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(a) Trade, particular (b) General business, o which emp BIRTHPLA (State or 10 NAME FATH) 11 BIRTH OF FA (State 12 MAID OF MC (State 13 BIRTI OF MC (State 14 MAID OF MC (State 15	on profession or kind of work	rd Vili	lon L. Bran	ormin.?

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If more branks are needed, address State Registrar, 16 W. Saratoga st., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

~	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH /2 - 29 -, 198/
	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
	, 192, 192,
	that I last saw halive on, 192,
1	and that death occurred on the date stated above, atm,
	The CAUSE OF DEATH * was as follows:
	075
	Till by
-	(Duration)yrsmosds.
	Contributory
	Secondary
	(Signed) (Duration) yrs mos ds.
	12.90-1981 (Address) May ills
	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
	Where was disease contracted, if not at place of death?
	Former or usual residence
,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	man 218 12-30, 1931.
	20 UNDERTAKER ADDRESS
1	di Da - Jaa -

V. S. No. 1

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### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that faet may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocloborer, etc., Foreman, or At Home, and children, For many occupations a especially in industrial employments, it is neces-Farm loborer, Laborerwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed single word or term on -Coal mine, etc. Womnot gainfully em-(b) Grocery;

Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"; Diphtherio avoid use of "Croup" ed to a for the same disease. Examples: Cerebrospind to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis (the only definite synonym is "Epidemic cerebro pneumonia, Bronchopneumonia ("Pneumonia,

> telanua) may be stated under the head of "contributory." earbolic acid-probably suicide. The n ture of the injury. accident; Revolver wound of head-homicide; I'visomed by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., ol approved by Committee on Nomenclature of the as freicture of skull, and eonsequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic valvular heart disease, Example: Measles (disease etc. The contributory

answered in detail, it will prevent further correspondence.
data is essential and must be obtained before the cort permanently filed Her this besential and must be obtained before the certificate is certificate is looked over thoroughly and al questions

PLACE OF DEATH

14309

### STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist. No. 104
Vi	llage or City Lane (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME In-
	2FULL NAME Jan X, Bur.	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 :	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH /2 - / - , 1925
-	(Write the word)	(Month) (Day) (Year)
6 1	DATE OF BIRTH	
	(Month) (Day) (Year)	that I last saw halive on, 192,
7 /	AGE [If LESS than	
	yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
B	a) Trade, profession or	2 hanstien
	particular kind of work	
	b) General nature of industry	/
	ousiness, or establishment in which employed or (employer)	(Duration) yrs. / mos ds.
9 8	BIRTHPLACE	Contributory Secondary
	(State or country)	(Duration) yrs. mos. ds.
	10 NAME OF FATHER Invaling Burnsunder	(Signed) M. D.
S	11 BIRTHPLACE	12 1929 (Address) VIn pack
ENT	(State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AR	OF MOTHER Visnistmas	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place of deathyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	tonatain B.	Former or ususi residence
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address)	Holy Islant Combing 12 -2-, 199!
15	Filed 12-2- 1981 P. L. Higher	20 UNBERTAKER ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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BINDING PERMAN

V FOR

H UNFADING INK--THIS IS

MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of ctc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, Luborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on -Coul mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the Dis. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ten for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL perilonitis," etc. can be ascertained as the eause. Always qualify all "Inanition, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Uruemia," "Weakness," etc., when a definite disease "(Erhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc., "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondar, or intercurrent) affection need not be Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI- d. Exact	PL/	ACE OF DEATH
CTLY, sslfie	Village or	City Rock Pon
EXACT rly class		FULL NAME CA
ated open	PER	SONAL AND STATIST
s stat	3 SEX	4 COLOR OR RACE
S S S S S S S S S S S S S S S S S S S	0	B

6 DATE OF BIRTH

9 BIRTHPLACE (State or country)

(n)

FNT

AR

10 NAME OF

11 BIRTHPLACE

OF FATHER

OF MOTHER
(State or Country)

(Address)

(State or country)
12 MAIDEN NAME

(a) Trade, profession or particular kind of work

(b) General nature of industry

which employed or (employer)

business, or establishment in

14310

ICAL PARTICULARS

MARRIED, WILL WIDOWED. WILL OR DIVORCED (Write the word)

(Day)

(Yes

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

l day

5 SINGLE

(Month)

14 THETABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH

	CERTIFICATE	OI DEATH
(23)	Registration I	Diat. No. 104
lie	St.: Ward)	(If death occurred in a hospital or institution, give its NAME in stead of street an number.)
MEDIC	AL CERTIFICATE O	F DEATH
16 DATE OF DEATH	12 -	12-, 1981
***************************************		(Day) (Year)
1. 011	CERTIFY, That I atte	
//	1 sie de	, 192
that I last saw h	Lalive on	, 192
	rred on the date stated	above, at 47 m
The CAUSE OF DEAT	TH * was as follows:	
J1	1	····
Hain	mayofr	- Mensy
	(Duration)	Ano morney
	(Dutation)	
Contributory Secondary		
****	(Duration)	yrsmos,ds
(Signed)	J. P. Hage	lost M. D
12-19-1918	(Address)	Paysile
*State the D Violent Causes, st Accidental, Sulcidal	visease Causing Death, tate (1) Means of Inj or Homicidal.	or, In deaths from ury and (2) Whether
18 LENGTH OF RE	SIDENCE (For Hospital	als, Institutions, Trans
At place of deathyrs	In the State	yrsde
Where was disease cont if not at place of dear	racted.	
Former or usual residence		
19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
19 PLACE OF BURIA		
Holy Sho		/2 -/4-, 193 ) ADDRESS

7 AGE

S. No. 1

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### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

. household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housetired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Cure should be taken work, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionory firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed laborer, Physician, Compositor, Architect, Locomolive engineer, to report specifically the occupations of persons en-Foreman, etc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Farm laborer, Laborerwithout more precise specification as Doy (b) Automobile factory. The material single word or term on Coul mine, etc. Wom-(b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup ed ter a for the same disease. Examples: Cerebrosphade to time and causation), using always the same accept, EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bish Typhoid fever (never report "Typhoid Pneumonia") (the only definite synonym is "Epidemic cerebro" pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. Then ture of the injury, stated unless important. approved by Committee on Nomenclature as fracture of skull, and consequences e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Examples: Accidental drowning; Struck by railway troin-(secondar; or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Mcasles (disease valvular heart disease; etc. The contributory not be

Hata answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and al questions anently filed is ersential and must be obtained before the certificate is Allthe

14311

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

County Charles					
llage on City	P	dal.			

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) Ward)

County Ellarur	CE
Village or City Ryale (No.	
2FULL NAME Sarah W.	Carpenter
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL O
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 / I HEREBY CER
Oct. 1 187	1 your
(Month) (Day) (Year)	that Vlast saw he Mali
7 AGE   If LESS that	
60 yrs. 2 mos. 20 ds. or min	8. The CAUSE OF DEATH
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	][Sent
business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country) Charle Cv. And	Contributory Secondary
FATHER Jame J. Braquies	(Signed)
IN BIRTHPLACE OF FATHER (State or country) Acutton Clieb.  12 MAIDEN NAME	*State the Disease Violent Causes, state ( Accidental, Suicidal or Ho
of Mother Selina Bowe.	18 LENGTH OF RESIDE.
OF MOTHER (State or country) Churles Co - Ind-	At place of deathyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?
(Informant) Dolly Peles	Former or usual residence
(Address) Pligale, Mg	19 PLACE OF BURIAL OR
15 Filed Dec. 2/12/ Muyy Swetterly	20 UNDERTAKER

MEDICAL CERTIFICATE OF DEATH
6 DATE OF DEATH PLOC. 21, 1931
(Month) (Day) (Yesr)
has Vlast saw h Walive on Dec 20, 1993 I,
The CAUSE OF DHATH was as follows:
ffsensia.
(Durstion) yrs. mos. ds.
Contributory Secondary
Signed) Lev. O. Pickrell, M. p.
Ac 2/1931 (Address) Markey Ind
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place In the State yrs mos ds.

V. 8. No. 1

BINDING

TH UNFADING INK--THIS IS MARGIN RESERVED

Every Item of inform CIANS should state statement of OCCUPA

WRITE

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer trehousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the dutics of the Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesman, (b) At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia. Grocery, Wom-

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Whooping cougn; curous Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Exhaustion," (secondary or intercurrent) affection need not be Whooping American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY on," "Heart failure," "Ifaemorrhage," Committee on Nomenclature Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease; Measles; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

STATE OF	MARYL	AND-CE	RTIFICA	TE OF	DEATH
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14312

1. PLACE OF DEATH		82-0)			
County Clearles			Registration Dis	st. No.	00
Village or City 18 4	um	NoNo	tion give its NAME in	St.,	Ward
Length of residence in city or town where death o					
2. FULL NAME Alcury	Collins				
	Car Clares	01 W1			
(a) Residence: No.	Usual place of abode)	St., Ward.	If nonresident giv	e city or town and	State
PERSONAL AND STATISTICAL	. PARTICULARS	MEDICAL C	ERTIFICATE C	F DEATH	
	NGLE, MARRIED, WIDOWED. R DIVORCED (write the word)	21. DATE OF DEATH	Dre	8	, 193
5a. If marriad, widowed, or divorced			(Month)	(Oay)	(Year)
· UIISPAND of	Claus'		CERTIFY.		
6. OATE OF BIRTH (month, day, and year)	Planter	I last saw h. alive on		/	
7. AGE Years Months	Days If LESS than	to have occurred on the data state	/ .		. , ueatii is said
67	I day,hrs.	The PRINCIPAL CAUSE OF OEA	AUG-BURN DE LE		
8 Trada profession or particular	ormin_	were as follows:	74		Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		Curun	u IVE	margi	Dec 6
9. Industry or business in which	//				
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last workad at this occupation (month and	Home				-
Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation				-
12. BIRTHPLACE (city or town). Clean	R.	Other Contributory Causes of imp			
12. BIRTHPLACE (city or town) (State or country)		Wruss.	mater		year
13 NAME STATE					
I // July	~				
[14. BIRTHPLACE (city or town)	2. 4	Name of operation			
	- Lan Kum	What test confirmed diagnosis?			
I		23. If death was due to external car			
16. BIRTHPLACE (city or town)	a. Cr	Accident, suicide, or homicide?		e of injury	, 19
(Suite et County)		Where did injury occur?	(Specify city or toy	vn, county and Stat	e)
17. INFORMANT free Colle	in Wed	Specify whether injury occurred i	n INDUSTRY, in HOME	, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL	1 - 4	Manner of injury		***************************************	
Place St. Thomas Cometigat	· Dee10, 1931	Nature of injury			
19. UNDERTAKER Heere & Ind 1	Pum.	24. Was disease or injury in any w			
(Address) Waldow	el mid	If so, specify	//		
20 FILED 28 9 1931 Mile	Harron	(Signed)	Here		M. D
ZU FILED ZU Z., 1957	D L. Registrar.	(Address)	LIBEL C	Ellen	Eled

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

n stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find be particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	B & 2	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	ZCCI 6 N'T	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			GECEIVED	
Otto contributory causes of importance:  Gallstones	May 1,1923	Other contributory of Gastroenteritis	auses of importance:	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state . Every item of infor-Exact statement of OCCUPA-SCORED. stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be B.—WRITE PLAINLY.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH				
1. PLACE OF DEATH	14313				
County (harles	Registration Dist. No. 1 8 0				
Village or City Bel Clow 1110	No. St., Ward				
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?				
2. FULL NAME no Trame Collin					
(a) Residence: No.	St., Ward.				
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH See, 15- 193 /				
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attandad decessed from 19				
6. DATE OF BIRTH (month, day, and year) Dee 15- 1931	I last saw h; daath is said				
7. AGE Yaars Months Days If LESS than	to hava occurred on the data stated above, atm.				
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.					
SAWYER, BUDKKEEPER, etc.	Still Bom				
A. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data daceased last worked at this occupation (month and profession) and the profession of the company of the second in this company of the second in the second in this company of the second in this company of the second in this company of the second in the second i					
- 1 Sheuttii tiii?					
12. BIRTHPLACE (city or town) Belalon Md (State or country)	Other Contributory Causes of Importance:				
14. BIRTHPLACE (city or town) Charles Co 74 d	Name of operation Date of				
(State of Country)	What test confirmed diagnosis? Was there an autopsy?				
15. MAIDEN NAME Cegnes Collins	23. If death was due to external causes (VIOLENCE) fill in also the following:				
15. MAIDEN NAME Cones Collins 16. BIRTHPLACE (city or town) Charle Co Hed (State ar country)	Accident, suicide, or homicida?				
17. INFORMANT Ella Helly for Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OF REMOVAL Place Avne Date Ale 16, 19.31	Manner of injury				
19. UNDERTAKER Lovering Hawkins (Addrass) Belalon Med	24. Was disaasa or injury in any way related to occupation of dacaasad?				
20. FILED Dee 15, 1931 M. D. Haydan. Registrar.	(Signed) M D Hay den D Lisso.  (Address) 19 el College Den Den Den Den Den Den Den Den Den De				
A	Way wow with				

If more blanks are noted, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

of onset 1915 1921 15,1927	The principal cause of of importance were as  Attack of cpilepsy  Run over by street car  Peritonitis	death and related causes follows:	Date of onset  1 week ago 1 week ago
1921	Run over by street car	1	
		DOOR B MILE	1 week ago
15.1927	Povitovitio		
7-27-4	1 erumuus		3 days ago
		CEARED	И
y 1,1923	Other contributory caus	ses of importance:	1 year
_		Other contributory cau	Other contributory causes of importance:

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

B.—WRITE PLAINLY

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V. S. No. 1

See instructions on back of certificate.

of OCCUPA-

Exact statement

1. PLACE OF DEATH	95-G
County 6 harles	Registration Dist. No. 106
Village or City Indian Olecal	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Sarah Colinga with	6 Vaid
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Terrord  A holy  Market  Market	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Erund Edward Grand 6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY. That I attended deceased from  1 Sec. 16, 1931, to 8 EC, 16, 1931.  1 last saw h alive on 8 CE, 12, 1931; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date dacasad last worked at this occupation (month and specific property). Spent in this country in this security in the security of the	were as follows: Dats of onset
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
II 13. NAME / LEAS COLLOWS	
13. NAME / 1 LLA & COUNTY	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. (NFDRMANT Grapela Enhance Language Country)  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Who there are Date 19 Dac , 1931	Nature of injury
19. UNDERTAKER January Long Stews - (Addrass) Was Language Conce Die	24. Was disease or injury in any way related to occupation of deceased?  If so, specify to the think the second of
20. FILEDY LLC. (6, 193 T. R. Lummaston.	(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	IAN E say	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	t is	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	REPEATIVE	July 5,1927	Peritonitis	3 days ago	
Other contributory cau	ses of importance:		Other contributory causes of importance:	8	
Gallstones May 1,1		May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. stated EXACTLY. IS A PERMANENT properly classified. See instructions on back of certificate. WITH UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. N. B.—WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1. PLACE OF DEATH				4315				
	County	Charl	.es		(82-	d)	Registration D	Dist. No. 103	
Village or City Newport  (If  Length of residence in city or town where death occurredyrsmos			No. death occurred in a hospital or institu		instead of street an				
2	. FULL NA	ME	Henry	Hicks					
	(a) Residen	ce: No		(Usual place	of abode)	St., Ward.	If nonresident	give city or lown a	and State
#BC-06.77	PERSON	AL AN	ID STATIST	ICAL PART	CULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3.	SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married			21. DATE OF DEATH	December (Month)	26. (Day)	, 193 1 (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					Y CERTIFY				
6.	DATE OF BIRTH	month, da	v. and vear) De	cember 26	. 1861	I last saw h alive on		, 19	; death is said
	AGE Yea		Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date state.  The PRINCIPAL CAUSE OF DEA' were as follows:			Date of onset
OCCUPATION	8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Parm hand				nd	Paralysis			
UPA	9. Industry or work was SAW MIL	done, as	SILK MILL,						
000	10. Date dacaased last worked at this occupation (month and year) this occupation (month and year)								
12. BIRTHPLACE (city or town)				Other Coatributory Causes of imp	oortance:				
ER	13. NAME	Jan	es Hicks						
FATHER	14. BIRTHPLACE (State or	(city or to	own) Maryl	and		Name of operation			
15. MAIDEN NAME Mary Jane Hicks					23. If death was dua to external ca	uses (VIOLENCE) fill	in also the follow	ring:	
15. MAIDEN NAME MARY Jane Hicks  16. BIRTHPLACE (city or town) - Mel						Accident, suicide, or homicide? Date of injury, 19			
17. INFORMANT Charles Hicks (Address) Newcort				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.					
18.	BURIAL, CREMAT			Date Dec	. 28 ,1931	Manner of injury Natura of injury			
19	. UNDERTAKER (Address)		Roby			24. Was diseasa or injury in any v	way related to occupa	tion of deceased?	
20. FILED. Dec. 27, 1931 J. P. Tippett  Registrar.			(Signed) (Address)	enopor	My md.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack intension was a second	1 week ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritoni VAR 19 1832	3 days ago
Other contributory cluses of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year
1.0			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

--Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. BINDING PERMAN FOR V S H UNFADING INK--THIS MARGIN RESERVED

V. S. No.

100 ż

PLACE OF DEATH	STATE OF MARYLAND
County Marker	CERTIFICATE OF DEATH
1	Registration Dist, No.
Village or City Number (No.	St.: Ward) (If death occurred a hospital or institution, give its NAME i
2FULL NAME / Margarett	mushiff stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 7, 193 /
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	that I last saw h alive on 12 6 , 192
7 AGE [If LESS than	and that death occurred on the date stated above, at 3 7 "
yrs. 7 mos. 3ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Who proglangh
particular kind of work	f f
business, or establishment in which employed or (employer)	(Duration) yrs. mos 3 4d
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)yrs
10 NAME OF	(Signed) The Augustian,
FATHER LINE MURISHIN	12-8-1923 ! (Address) May side
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Con Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Long moredelle	Former or usual residence
(Address) Marting	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 2 - 8 - 1931 P. 8 Heylum	2D UNDERTAKER ADDRESS
Registrar  If more bianks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from work, er," etc., without more provential etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. Foreman, or At Home, and children, especially in industrial employments, it is neces-For many occupations a yrs). (b) Cotton mill; (a) Salesman. (b) Automobile factory. The material Stationary fireman, etc. But in many For persons If the occupation has been changed who have no occupation single word or term on not gainfully em-6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilaria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septimenia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perdonueum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(secondar or intercurrent) affection need not be Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi by Committee on Nomenclature of the cough; Chronic valvular heart disease Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH

### STATE OF MARYLAND

County (Massa	CERTIFICATE OF DEATH
0) 11.	Registration Dist. No. 100
Village or City June fell (No	St.: Ward)  St.: Ward)  A hospital or institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH class 7 homes, 1886	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE Costunt   If LESS than I day hrs. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Clean  C.	Contributory Secondary  (Duration)  yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country)  11 SIRTHPLACE OF FATHER (State or country)	(Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER CIMMS  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Still  (Filed Sec. 3 1921 M. D. Handen	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Science Heart Completed 12 - 4, 1931  20 UNDERTAKER  ADDRESS  ADDRESS
A. Registrar	W Toby Bellettery

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balted Requesting V. S. No. 1.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLA N. B.-

V. S. No. 1

MARGIN RESERVED FOR BINDING

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(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Itaken. For violent deaths state means of injury as fracture of skull, and consequences (e.g., sepsis, Lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death approved by Committee on Nomenclature or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary or intercurrent) affection need not Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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### 14318

### STATE OF MARYLAND

	CERTIFICATE OF DEATH
	Registration Dist. No. 106
lead.	St.: Ward) (If death occurred in a hospital or Institu-
- Mood	
- Suson	number.)
CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
(VIIII)	17 I HEREBY CERTIFY, That I attended the deceased from
11 1981	
(Day) (Year)	that I last saw halive on, 192,
If LESS than	and that death occurred on the date stated above, atm.
ds. day hrs.	The CAUSE OF DEATH * was as follows:
	Stillborn
	(Durstion)yrs, ds.
10 med	Contributory Secondary
· ce. ruu.	(Duration) yes f moa de,
roly.	(Signed) M. D.
10 06	Dec 12 19 (Address) / Markey, Mg
after ya	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
y. Writt.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
2001	ients or Recent Residents)
les Co. Md.	At place of death
OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
and les	Former or usual residence
41/1011	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
- Had YUG	flymout 41d. Acc. 12, 1931.
D La	20 UNDERTAKER ADDRESS
Pariation	Slawly I come bedien Head W

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

stated EXACTLY, PHYSI-properly classified. Exact CORD BINDING pe PERMA FOR 4 UNFADING INK--THIS MARGIN RESERVED TH

n terms so that it may be properly clas See instructions on back of certifloate.

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important.

PARENTS

3 SEX

7 AGE

6 DATE OF BIRTH

OCCUPATION
(a) Trade, profession or particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO

(Addresa)

Filed Dec

(b) General nature of industry

business, or establishment in which employed or (employer)

PLACE OF DEATH

**2FULL NAME** 

PERSONAL AND STATISTIC

4 COLOR OR RACE

(Month)

pinous ACE supplied carefully pe Every item of information should CIANS should state CAUSE OF DI statement of OCCUPATION is very WRITE PL ż

No. 1 002

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed state occupation at beginning of illness. If retired from tired 6 yrs). For persons who have no occupation ployed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. borer, Farm laborer, Laborer—Coal mine, etc. Womor At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., wbon a definite disease causing death), 29 ds.; L. Chronic interstitial nephritis, Whooping cough; .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic Example: Measles (disease Tuberculosis of lungs, menchopneumonia (secondary), The nature of the injury, etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1PLACE OF DEATH	14319 CTATE OF MARYLAND
County Charles.	STATE OF MARYLAND CERTIFICATE OF DEATH
County	
140 le pura Po	Registration Dist. No. 100
2FULL NAME William Tu	St.: Ward) (If death occurred in a hospital or institution, give lts NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARIED.  Male Colored Single, MARRIED.  WIDOWED. MUDOWED.  OR DIVORCED	16 DATE OF DEATH Kleeeuber 11, 1931
(Write the word)	(Month) (Day) (Year)
Qua. 24 1862	Dec 9 192/. to , 192
(Month) (Day) (Year)	that I last saw h Maralive on Rec 9, 1931,
If LESS than	
69 yrs. 3 mos. 7 ds. or min.	
(a) Trade, profession or Particular kind of work	Pulman Juberculois
(b) General nature of industry	The state of the s
business, or establishment in which employed or (employer)	(Duration) wrs. moe ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
(State or country) Charles Country.	(Dyration) yrs mosds.
FATHER JOHN Savoy	(Signed) James C MATAN M. P. Alders) Ja Plata Uld.
OF FATHER (State or country)	State the Disease Causing Death, er, in deaths from Volent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER laune Proclor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs. mos. ds. State yrs. ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
Carl That X	Former or usual residence
(Informant) TREP & Malle Davoy	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mileome, Mid J.	Stokinias Chapel ont Nec 132, 31
15 1000 12 th 31 10 Mai 10000	2D UNDERTAKER MODRESS

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housemaid, etc. laborer, Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons (b) Automobile factory. The material If the occupation has been changed who have no occupation -Coal minc, etc. not gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEANS CAUSING DEATH (the primary affection with respect to time and causation), using always the same acception the term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of believes) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Sonile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Brouchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic Example: Measles (disease valvular heart disease etc. The contributory

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MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	14320 STATE OF MARYLAND				
County Clearles.	CERTIFICATE OF DEATH				
	Registration Dist. No. 101				
Village or Masin Termonia.	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and				
2FULL NAME JOSEPH TIME	number.)				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
Male White Single, Married, Widowed, Smale Or Divorced (Write the word)	16 DATE OF DEATH 600, 24, 1931, (Month) (Day) (Year)				
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last sew herealive on Dec 23, 1931,				
7 AGE III LESS than	and that death occurred on the date stated above, at				
44 yrs. 4 mos. 14 ds. or min.?	The CAUSE OF DEATH * was as follows:				
8 OCCUPATION (a) Trade, profession or particular kind of work	Alcoluliem				
(b) General nature of industry business, or establishment in	(Duration)yrsmosds.				
9 BIRTHPLACE (State or country) Charles Or. And	Contributory Secondary				
10 NAME OF FATHER Frank Simmone	(Signed) Gev. C. Dickrutt M. D.				
0 11 BIRTHPLACE	(Address) Markey Mark				
OF FATHER (State or country) Clearles Co. Md.	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.				
of MOTHER Catherine Wittelead.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)				
13 BIRTHPLACE OF MOTHER (State or COUNTRY) Charles Ce. Ind.	At place of death yrs. mos. ds. State yrs. mos. ds.				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes diagese contrected, if not at place of death?				
(Informant) Beatrice Carpenter,	Former or usual residence.				
(Address) Piegale, Md.	Weday Hell, Mid. Dec 26 1931.				
Filed Dec. 24 19 Mary Southersend	Heurt & Ryon Waldorf, My				
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto Requesting V. S. No. 1.					

14320

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enlaborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an " etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on man, (b) Automobile factory. The material compositor, Architect, Locomotive engineer, ser, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEANSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrosphale fever (the only definite synonym is "Epidemic cerebrose inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) can be ascertained as the cause. causing death), 29 ds.; L. unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic chopneumonia (secondary), The n .ture of the injury, affection need not be etc. The contributory valvular heart disease; Always qualify all

this certificate is looked over thoroughly and all questions adswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH	14321	STATE OF MARYLAND CERTIFICATE OF DEATH	
3	Q - 4 0	82-2	Registration Dist. No.	
certificate.	Village or City VI Totaces (No.  2FULL NAME This charel (S	Suison Sto	St.: Ward) (If death occurred it a hospital or institution, give its NAME is stead of street and number.)	
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	December 24, 1981  (Month) (Day) (Year)	
s on	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY	CERTIFY, That I attended the deceased from	
instruction	7 AGE    If LESS than   day hrs   day min.	and that death occurred on the date stated above, at 11.4 22 m. The CAUSE OF DEATH * was as follows:		
800	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Corel	soh Hemershage:	
very important.	business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Shows David Stone	Contributory Secondary	(Duration) yrs mos 3 ds.  (Duration) yrs mos ds.	
ENTS	Constant of Country)	*State the Di Violent Causes, st Accidental, Suicidal	(Address)	
OCCUPAT	OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)	ients or Recent Re At place of deathyrsm	In the State yrs mos ds.	
10	(Informant) Mys. M. R. Stone	Where was disease contribution of at place of deal. Former or usual residence	racted, h?	
statement	(Address) Port Jahacco my	IN Rest C	eneley Pec 26 1031	
	Filed Ne 25 1927 Willan Posts Registrar	Joundertaker (	Penn La Plata Md-	
	If mora blanks are needed, addre.s State Registra	r, 16 W. Saratoga St., I	Salto., Requesting V. S. No. 1.	

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, whe are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will he sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of milness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, yrs. Farm laborer, (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Laborer--Coal mine, etc. not gainfully em-Grocery; Wom-

spinal meningitis"; Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accent-EASE CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases restilting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railrooy traintaken. American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by. Committee on Nomenclature "Heart failure," "Haemorrhage, valvular heart diseose; etc. The contributory not be of the

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate permanently filed. If this certificate is looked over thoroughly and all questions is wered in detail, it will prevent further correspondence. All the

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